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TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

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|---|---|
| Application Number | 10/574,594 |
| Confirmation Number | 4299 |
| Filing Date | w/effective filing date of September 15, 2004 |
| First Named Inventor | Bernd SCHEPPERLE |
| Group Art Unit | 3681 |
| Examiner Name | David D. LE Fax: (571) 273-8300 |
| Total No. of Pages in this Submission: 13 | Attorney Docket Number ZAHFRI P832US |

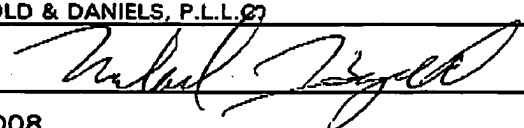
ENCLOSURES (check all that apply)

| | | |
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| <input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee attached - Check \$ <input checked="" type="checkbox"/> Response [12] <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request (in Duplicate) <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Stmt <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Part/s Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Assignment papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition (DELETED - no longer useful) <input type="checkbox"/> To Convert a Provisional Petition <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Small Entity Statement <input type="checkbox"/> Request for Refund | <input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Additional Enclosure(s) (please identify below): |
|--|---|---|

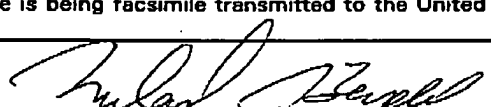
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REMARKS

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

| | | |
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| Firm or Individual Name | Michael J. BUJOLD DAVIS BUJOLD & DANIELS, P.L.L.C. | Reg. No. 32,018 CUSTOMER NO. 020210 |
| Signature |  | |
| Date | June 5, 2008 | |

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PATENT APPLICATION

JUN 05 2008

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of : Bernd SCHEPPERLE
Serial no. : 10/574,594
Confirmation No. : 4299
Filed : with an effective filing date of September 15,
2004
For : SWITCHING DEVICE
Group Art Unit : 3681
Examiner : David D. LE
Docket : ZAHFRI P832US

The Commissioner for Patents
U.S. Patent & Trademark Office
P. O. Box 1450
Alexandria, VA 22313-1450

RESPONSE

Dear Sir:

[XXX] NO FEES ARE PAYABLE WITH RESPECT TO THIS RESPONSE.

In response to the official action mailed March 21, 2008, please enter the following before reconsideration of this application.

In the Abstract:

Please cancel the Abstract of the Disclosure, presently on file, and enter into the record of this application the new Abstract of the Disclosure as follows.

In the Claims:

Please add new claims 27-30 and amend claims 14-21, 23, 25 and 26 as follows in which the claim additions are shown by underlining and/or the claim deletions are shown by strikeout or brackets. Please enter the new and amended claims into the record of this case.